PURE ACCELERATED IRRADIATION FOLLOWED BY INTRACAVITARY BRACHYTHERAPY IN SELECTED CASES OF LOCALLY ADVANCED CARCINOMA OF CERVIX

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INTRODUCTION

Carcinoma cervix is the most common gynaecological malignancy in women. Concurrent chemoradiation is the standard of care in locally advanced carcinoma cervix. However cytotoxic chemotherapy cannot be safely administered in elderly patients and those with pre-existing comorbid medical conditions. Hence pure accelerated radiotherapy with intracavitary brachytherapy has been tried in these patients.

AIMS

1. To assess the immediate locoregional response rates of locally advanced carcinomas of cervix treated with pure accelerated EBRT followed by intracavitary brachytherapy.
2. To assess acute toxicities during treatment.

MATERIAL AND METHODS

This is a single arm prospective study in which 30 patients with squamous cell and adenocarcinomas of cervix of stages IIB-IIIB, presenting in Department of Radiotherapy, MMC & RGGGH, who were not eligible for chemotherapy due to old age, comorbid medical conditions like renal disorders, cardiac diseases etc were treated with pure accelerated EBRT- 50 Gy (200 cGy/# in 25#/6 fractions per week) followed by intracavitary brachytherapy (7 Gy in 3# in HDR). The response both clinical and radiological, was assessed 6 weeks after completion of therapy, using RECIST criteria. Toxicity was assessed using RTOG Morbidity scoring.

RESULTS

There was complete locoregional response in 23 patients (76.7%), partial response in 7 patients (23.3%) among whom 4 patients had adenocarcinoma histology. Complete response was seen in 85.7% (12/14) and in 62.5% (5/8) of stage IIB and IIIB respectively. Acute toxicities were observed but they were manageable. Diarrhoea presented as grade 1 in 6 patients (20%) and grade 2 in 3 patients (10%) respectively. Grade 1 haematological toxicity was seen in 7 patients (23.3%) during 3rd week of radiotherapy and no patients had grade 2 toxicity. Grade 1 and 2 skin reactions were seen in 12 patients (40%). The median treatment time for EBRT was 29 days.

CONCLUSION

This study shows that pure accelerated EBRT alone followed by brachytherapy is a possible alternative in selected patients who are not fit for chemotherapy. The early

responses are good and acute toxicities are lesser. However, the response of patients with adenocarcinoma was poor.

KEYWORDS

Carcinoma cervix, pure accelerated radiotherapy, brachytherapy